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PTO/SB/22 (06-04)

Approved for use through 7/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket Number (Optional)
5478-8A.1

Application Number 10/076,499 Filed February 19, 2002

For PROTEIN AND LIPID SOURCES FOR USE IN AQUAFEEDS AND ANIMAL FEEDS AND A PROCESS FOR THEIR PREPARATION

Art Unit 1761 Examiner Sayala, Chhaya D.

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	Fee	Small Entity Fee	
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$110	\$55	\$ 110
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$430	\$215	\$ 0
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$980	\$490	\$ 0
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1530	\$765	\$ 0
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2080	\$1040	\$ 0

Applicant claims small entity status. See 37 CFR 1.27.

A check in the amount of the fee is enclosed.

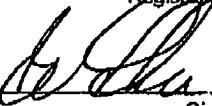
Payment by credit card. Form PTO-2038 is attached.

The Director has already been authorized to charge fees in this application to a Deposit Account.

The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 13-0398. I have enclosed a duplicate copy of this sheet.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the applicant/inventor
 assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).
 attorney or agent of record. Registration Number _____
 attorney or agent under 37 CFR 1.34.
 Registration number if acting under 37 CFR 26,375



Signature

November 5, 2004

Date

Ian Fincham

Typed or printed name613-234-1907

Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

 Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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NOV 05 '04 15:52 FR MCFADDEN - FINCHAM 613 234 5233 T8729306 CENTER P. 06/31

NOV 05 2004

PTO/SB/22 (08-04)

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Art Unit 1761

Examiner Sayala, Chhaya D.

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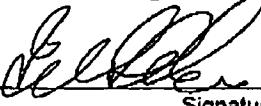
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attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 26,375



Signature

November 5, 2004

Ian Fincham

Date

Typed or printed name

613-234-1907

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FEE TRANSMITTAL for FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)
\$110.00

Complete if Known

Application Number	10/076,499
Filing Date	February 19, 2002
First Named Inventor	David Higgs
Examiner Name	Sayala, Chhaya D.
Art Unit	1761
Attorney Docket No.	5478-8A.1

METHOD OF PAYMENT (check all that apply)

 Check Credit card Money Order Other None
 Deposit Account:

Deposit Account Number **13-0398**
Deposit Account Name **McFadden, Fincham**

The Director is authorized to: (check all that apply)

 Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) or any underpayment of fee(s)
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1051	130	2051 65 Surcharge - late filing fee or oath	
1052	50	2052 25 Surcharge - late provisional filing fee or cover sheet	
1053	130	1053 130 Non-English specification	
1812	2,520	1812 2,520 For filing a request for ex parte reexamination	
1804	920*	1804 920* Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805 1,840* Requesting publication of SIR after Examiner action	
1251	110	2251 55 Extension for reply within first month	
1252	430	2252 215 Extension for reply within second month	
1253	980	2253 490 Extension for reply within third month	
1254	1,530	2254 765 Extension for reply within fourth month	
1255	2,080	2255 1,040 Extension for reply within fifth month	
1401	340	2401 170 Notice of Appeal	
1402	340	2402 170 Filing a brief in support of an appeal	
1403	300	2403 150 Request for oral hearing	
1451	1,510	1451 1,510 Petition to institute a public use proceeding	
1452	110	2452 55 Petition to revive - unavoidable	
1453	1,370	2453 885 Petition to revive - unintentional	
1501	1,370	2501 885 Utility issue fee (or reissue)	
1502	490	2502 245 Design issue fee	
1503	660	2503 330 Plant issue fee	
1460	130	1460 130 Petitions to the Commissioner	
1807	50	1807 50 Processing fee under 37 CFR § 1.17(q)	
1806	180	1806 180 Submission of Information Disclosure Statement	
8021	40	8021 40 Recording each patent assignment per property (times number of properties)	
1809	790	2809 395 Filing a submission after final rejection (37 CFR § 1.129(e))	
1810	790	2810 395 For each additional invention to be examined (37 CFR § 1.128(b))	
1801	790	2801 395 Request for Continued Examination (RCE)	
1802	900	1802 900 Request for expedited examination of a design application	
Other fee (specify) _____			

SUBTOTAL (2) (\$)
\$0.00*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)
\$110.00

*or number previously paid, if greater; For Reissues, see above

SUBMITTED BY		Complete if applicable			
Name (Print/Type)	<i>McFadden</i>	Registration No. (Attorney/Agent)	26,375	Telephone	613-234-1907
Signature	<i>McFadden</i>			Date	November 5, 2004

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (10-03)

Approved for use through 07/31/2008. OMB 0851-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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FEE TRANSMITTAL for FY 2005

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First Named Inventor	David Higgs
Examiner Name	Sayala, Chhaya D.
Art Unit	1761
Attorney Docket No.	5478-8A.1

METHOD OF PAYMENT (check all that apply)

 Check Credit card Money Order Other None
 Deposit Account:Deposit Account Number **13-0398**Deposit Account Name **McFadden, Fincham**

The Director is authorized to: (check all that apply)

 Charge fee(s) indicated below Credit any overpayments Charge any additional fee(s) or any underpayment of fee(s) Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION (continued)

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Other fee (specify) _____

SUBTOTAL (2) (\$)

\$0.00

*or number previously paid, if greater. For Reissues, see above

SUBTOTAL (3) (\$)

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SUBMITTED BY

Name (Print/Type)	Jan Fincham	Registration No. (Attorney/Agent)	26,375	Telephone	613-234-1907
Signature			Date	November 5, 2004	

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